



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001711106

**2. Name of Corporation** R.M.I. Compassion Center, Inc.

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813212

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 100 EXCHANGE ST

UNIT 1203

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

R.M.I. COMPASSION CENTER, INC. IS A NON-PROFIT CORPORATION AND SHALL OPERATE FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501 OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. R.M.I. COMPASSION CENTER, INC. IS BEING ORGANIZED SO IT SHALL OPERATE ON A NOT FOR PROFIT BASIS IN COMPLIANCE WITH THE MEDICAL MARIJUANA ACT, CHAPTER 21-28. THE CORPORATION IS ALSO BEING ORGANIZED TO EDUCATE THE PUBLIC AND PROMOTE ADDICTION AWARENESS AND PREVENTION, AND OPERATE AS A LEGAL COMPASSION CENTER

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL J. ISIKWE, PHARMD, MS	100 EXCHANGE ST, UNIT 1203 PROVIDENCE, RI 02903 USA
DIRECTOR	CLEOPATRA M. ISIKWE, MBA	100 EXCHANGE ST, UNIT 1203 PROVIDENCE, RI 02903 USA
DIRECTOR	PAUL J. ISIKWE, PHARMD, MS	100 EXCHANGE ST, UNIT 1203 PROVIDENCE, RI 02903 USA
DIRECTOR	XOLISA BURRELL	297 BLACK POINT LANE PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAUL J. ISIKWE, PHARMD, MS 100 EXCHANGE ST UNIT 1203 PROVIDENCE , RI 02903

**Signed this 8 Day of November, 2021 at 9:36:33 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By PAUL J. ISIKWE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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